

**YOUTH COMMUNITY CORRECTIONS
DEPARTMENT OF CORRECTIONS**



KAREN DUNCAN, BUREAU CHIEF

STATE OF MONTANA

[Insert RPAs Address]
TELEPHONE: (406) [insert phone #]
FAX: (406) [insert fax #]
[insert RPAs email address]

[Insert RPAs Name]

PAYMENT OF YOUR COST-OF-CARE OBLIGATION

This is to inform you that the State of Montana's Department of Corrections has now made it quick, easy, and convenient for you to make a payment towards your cost-of-care obligation. You can make your payment now in three easy steps, from the convenience of your home. Never be late again with your payment.

Please follow the following steps. If for any reason you need assistance, please do not hesitate to contact me at (406) xxx-xxxx. The State of Montana and the Department of Corrections thanks you in advance, for being responsible in paying your cost-of-care obligation in a timely manner.

STEPS:

1. Access the Department of Corrections web site at:

<http://www.cor.mt.gov>

2. Click on this icon:

Cost of Care



Contributions

3. Continue to follow the self-explanatory instructions provided. **Be sure to have your invoice available, as information from that invoice will be required.**

The State of Montana's Department of Corrections thanks you in advance for being a responsible parent by making your payment for your cost-of-care obligation.

PAYING ON-LINE IS NOW AVAILABLE